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| SERIAL NUMBER 09/265,070 | FILING DATE 03/09/99 | CLASS 386 | GROUP ART UNIT 2712 | ATTORNEY DOCKET NO. 1232-4519 |
|-----------------------------|-------------------------|--------------|------------------------|----------------------------------|

APPLICANT

YOICHI YAMAGISHI, SETAGAYA-KU, JAPAN; TAKU YAMAGAMI, KANAGAWA-KEN, JAPAN.

****CONTINUING DOMESTIC DATA*******
VERIFIED
NONE DW

****371 (NAT'L STAGE) DATA*******
VERIFIED
NONE DW

****FOREIGN APPLICATIONS*******

| | | | |
|---------------|-------|-----------|----------|
| VERIFIED | JAPAN | 10-076447 | 03/11/98 |
| | JAPAN | 10-151669 | 06/01/98 |
| <u>Yes DW</u> | JAPAN | 10-151670 | 06/01/98 |

IF REQUIRED; FOREIGN FILING LICENSE GRANTED 04/08/99

| | | | | |
|--|-------------------------|----------------------|--------------------|--------------------------|
| Foreign Priority claimed <input checked="" type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance Verified and Acknowledged _____ <div style="display: flex; justify-content: space-between; font-size: small;"> Examiner's Initials Initials </div> | STATE OR COUNTRY JPX | SHEETS DRAWING 36 | TOTAL CLAIMS 68 | INDEPENDENT CLAIMS 15 |
|--|-------------------------|----------------------|--------------------|--------------------------|

ADDRESS

MORGAN & FINNEGAN
345 PARK AVENUE
NEW YORK NY 10154

TITLE

IMAGE PROCESSING METHOD AND APPARATUS; CONTROL METHOD THEREFOR, AND STORAGE MEDIUM

| | | |
|------------------------------------|---|---|
| FILING FEE RECEIVED \$2,690 | FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for the following: | <input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit |
|------------------------------------|---|---|